FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation

VOCES DE LA FRONTERA ACTION

(b) Address (number and street)   ☐ check if different than previously reported

1027 S. 5TH STREET

(c) City, State and ZIP Code

MILWAUKEE   WI   53204

3. FEC Identification Number

C C90011826

2. **Corporate filers only**

Is the filer a qualified nonprofit corporation?   ☐ Yes   ☒ No

Individual filers only   Name of Employer   Occupation

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4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report   ☒ 24-Hour Notice   ☐ 48-Hour Notice

☐ July 15 Quarterly Report

☐ October Quarterly Report

☐ January 31 Year-End Report

(b) Is this Report an amendment?   Yes ☐   No ☒

5. COVERING PERIOD: FROM   M M / D D / Y Y Y Y
   10 / 26 / 2010

THROUGH

M M / D D / Y Y Y Y
10 / 26 / 2010

6. TOTAL CONTRIBUTIONS 00

7. TOTAL INDEPENDENT EXPENDITURES...   1169.26

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Jeralyn Wendelberger		10/27/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:
    Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
El Sol Broadcasting

Mailing Address
611 West National Ave, Suite 211

City	State	Zip Code
Milwaukee	WI	53204

Date: M M 1 0 / D D 2 6 / Y Y Y Y 2 0 1 0

Amount: 390.00

Purpose of Expenditure
Radio ad

Category/ Type

Office Sought:
☐ House
Senate ☒ Senate
☐ President
State: WI
District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Russ Feingold

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Weber Printing

Mailing Address
3048 N. 34th St.

City	State	Zip Code
Milwaukee	WI	53210

Date: M M 1 0 / D D 2 6 / Y Y Y Y 2 0 1 0

Amount: 129.36

Purpose of Expenditure
Literature - printing

Category/ Type

Office Sought:
☐ House
Senate ☒ Senate
☐ President
State: WI
District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Russ Feingold

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Weber Printing

Mailing Address
3048 N. 34th St.

City	State	Zip Code
Milwaukee	WI	53210

Date: M M 1 0 / D D 2 6 / Y Y Y Y 2 0 1 0

Amount: 107.36

Purpose of Expenditure
Literature - printing

Category/ Type

Office Sought:
☐ House
Senate ☒ Senate
☐ President
State: WI
District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Russ Feingold

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 626.72

(b) SUBTOTAL of Unitemized Independent Expenditures...

(c) TOTAL Independent Expenditures ....
(carry total from last page forward to Line 7)

FEC **Schedule 5** (Rev. 02/2003)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee

volunteers - stipend canvass

Date: M M **1 0** / D D **2 6** / Y Y Y Y **2 0 1 0**

Mailing Address

Amount: 263.75

City   State   Zip Code

Purpose of Expenditure: stipends to volunteers

Category/ Type

Office Sought:
House ☐   State: WI
Senate   ☒ Senate
☐ President   District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Russ Feingold

Check One: ☒ Support   ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: 2010   ☐ Primary   ☒ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Voces de la Frontera/employees

Date: M M **1 0** / D D **2 6** / Y Y Y Y **2 0 1 0**

Mailing Address
1027 S. 5th St.

Amount: 147.54

City   State   Zip Code
Milwaukee   WI   53204

Purpose of Expenditure: Wage/salary

Category/ Type

Office Sought:
House ☐   State: WI
Senate   ☒ Senate
☐ President   District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Russ Feingold

Check One: ☒ Support   ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: 2010   ☐ Primary   ☒ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Canvass Consulting

Date: M M **1 0** / D D **2 6** / Y Y Y Y **2 0 1 0**

Mailing Address
2165 N. 60th St.

Amount: 131.25

City   State   Zip Code
Milwaukee   WI   53208

Purpose of Expenditure: consultant

Category/ Type

Office Sought:
House ☐   State: WI
Senate   ☒ Senate
☐ President   District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Russ Feingold

Check One: ☒ Support   ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: 2010   ☐ Primary   ☒ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 542.54

(b) SUBTOTAL of Unitemized Independent Expenditures...

(c) TOTAL Independent Expenditures 1169.26

(carry total from last page forward to Line 7)